

Please Note: A completed “RECTRAC Household Information Form” must accompany Registration Form.

Registration Form

Please Mail to: Blacksburg Parks and Recreation Department, 615 Patrick Henry Drive, Blacksburg, VA 24060

Participant's Name (Please Print Clearly)_____

Activity # (ex: 300000 A1) 1) _____ 2) _____
3) _____ 4) _____

Participant's Name (Please Print Clearly)_____

[illegible]

Participant's Name (Please Print Clearly)_____

Activity # (ex: 300000 A1) 1) _____ 2) _____
 3) _____ 4) _____

Payment: \$_____ (check One) check _____ MasterCard/Visa # _____ Exp _____

WAIVER

1. In consideration of the acceptance of my application for entry in the above event or class, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have as a result of my participation. This release is intended to discharge in advance the Town of Blacksburg and its agents and employees from and against any and all liability arising out of or connected in any way with my participation in said event or class, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.
2. I understand that serious accidents occasionally occur during recreational activities, sports, outdoor activities, or fitness activities, and that participants occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of the particular activity for which I have registered, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.
3. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.
4. I give the Town of Blacksburg the right to use photographs of me, participating in this program, in its own promotional materials.
5. I agree to accept and abide by the rules and regulations of the Town of Blacksburg Parks & Recreation Department.
6. List any medical problems such as allergies, asthma, allergic reactions to bee stings, etc.

Signed: _____ Date: _____
Participant (or Parent of Participant if under 18)

RECTRAC! NEW PARKS AND RECREATION SOFTWARE!

We have implemented a new software package to help us - help you in a more efficient and effective manner; but we need your assistance. Before we can register anyone for our summer programs we will need your household information. Please take the time **before registration** to fill out the form below. You may send it, drop it off, fax it: 540-951-8313, or E-mail the information to recreation@blacksburg.gov Thank you for your assistance.

Please Print Clearly

(Parent Information)

1st Primary Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04)

Address: _____ City/St _____ Zip _____

Resident _____ **Non-Resident** _____ **E-Mail** _____

Home Phone: () _____ Other (opt): () _____

2nd Primary Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04)

Address: _____ City/St _____ Zip _____

Home Phone: () _____ Other (opt): () _____

Emergency Contact Name: _____ **Phone:** _____

Child Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04) Male _____ Female _____

Child Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04) Male _____ Female _____

Child Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04) Male _____ Female _____

Child Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04) Male _____ Female _____

Child Name: (First) _____ **(MI)** _____ **(Last)** _____

Date of Birth: _____ (ex: 1/20/04) Male _____ Female _____